

**Diabetes Family Day Registration Form**  
**May 15, 2010 - 9 am to 3 pm**

Name of Child with Diabetes \_\_\_\_\_ Sex  M  F  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
 Parent or Guardian's Name Relationship to child

Please list below other children who will be participating in the Day Camp:

Name	Age	Relationship to child with diabetes	Sex
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Please list below adults who will be attending:  
 Name  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Lunch will be provided at this event by the Willow Glen Lions Club. Lunches for adults are \$10 each, and lunches for children are \$4 each. Proceeds benefit the Diabetes Society Camping Program, to sponsor children to attend 2010 camps. If you would like to purchase lunch at the event, please indicate below:

Number of adult meals \_\_\_\_\_ Any vegetarian? \_\_\_\_\_  
 Number of children's meals \_\_\_\_\_  
 (We are sorry, but gluten-free lunches will not be available. We recommend families plan ahead to bring gluten-free lunches if needed.)

**TERMS AND AGREEMENT**

**I. MEDICAL CARE:**

I hereby give permission to the Diabetes Society and its medical staff to render medical and health care, including adjustments to insulin and diet, to the above named child(ren). In the event that any medical attention is necessary that cannot be administered during camp, I hereby authorize Diabetes Society staff to act as my representative in securing proper medical treatment. Every attempt will be made to notify me of the emergency before making such arrangements. I release the Diabetes Society from all claims of liability resulting from participation in all camp activities.

**II. CAMP PHOTOS:**

Permission is given to the Diabetes Society to use my child(ren) in any pictures, films or videos that will be taken of Family Day (or other activities) which will promote or benefit the work of the Diabetes Society on behalf of those with diabetes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this form by May 7, 2010 to:**

Diabetes Society Camp Department • 1165 Lincoln Avenue, Suite 300 • San Jose, CA 95125 • FAX: 408-207-0162

Contact the Diabetes Society Camp Department with any questions at 800-989-1165, or [camp@diabetessociety.org](mailto:camp@diabetessociety.org)

*Diabetes Educational Camping Program*